

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046289

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED DEC 18 1962

Primary Registration District No. 3012

Registrar's No.

123

VS 300  
Rev. 4/59

16001

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>                              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Excelsior Springs</u>  |   | c. CITY OR TOWN <u>Missouri City</u>   |  |
| Length of stay in 1b<br><u>7 days</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>None</u>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>WESLEY</u> Middle <u>EDWARD</u> Last <u>MURRY</u>   |   | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>18</u> Year <u>1962</u>   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><u>8-4-1913</u>  |
| 9. AGE (last birthday)<br><u>49</u>  |   | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>10</u> Hours <u>0</u> Min. <u>0</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Crane Operator</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Steel plant</u>  |  |
| 11. BIRTHPLACE (City and state or country)<br><u>Wellington, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |  |
| 13a. FATHER'S NAME<br><u>Charles A. Murry</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Ada</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Edna Murry</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  |
| 16. SOCIAL SECURITY NO.<br><u>[REDACTED]</u>   |   | 17. INFORMANT<br><u>Edna Murry, Missouri City, Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Ventricular Fibrillation</u><br><u>Anterior Coronary Dissection</u><br><u>Arteriosclerosis - General + Coronary (Gravely)</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>[REDACTED]</u><br>DUE TO (c) <u>[REDACTED]</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>8-10 days</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Posterior Coronary Occlusion - old heart (anterior)</u>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u><br>Month, Day, Year <u>[REDACTED]</u>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY <u>[REDACTED]</u> STATE <u>[REDACTED]</u> |
| 21. I attended the deceased from <u>1960</u> to <u>11-18-62</u> and last saw her alive on <u>11/17/62</u><br>Death occurred at <u>1 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE<br><u>Richard B. [REDACTED] M.D.</u>  |   | 22b. ADDRESS<br><u>Excelsior Springs, Mo.</u>  |  |
| 22c. DATE SIGNED<br><u>11/15/62</u>  |   | 23. NAME OF CEMETERY OR CREMATORY<br><u>Fairview</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>11-20-62</u>  | 23c. LOCATION (City, town, or county)<br><u>Liberty, Mo.</u>   | 23d. (State)   |
| 24. FUNERAL DIRECTOR<br><u>Frithard Funeral Home, Inc.</u><br><u>Excelsior Springs, Missouri</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>11-18-62</u>  |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Caroline Hutchings</u>   |   | 27. (Licensed Embalmer's Statement on Reverse Side)  |  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DEC 19 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lundee Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

David Bennett Deane 11-18-62